

Form 54.

Commonwealth of Pennsylvania

# DEPARTMENT OF HEALTH

## DIVISION OF SCHOOL HEALTH



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### Instructions to Teachers

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HARRISBURG, PA.:  
1920



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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
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**Instructions to Teachers**

Intelligent cooperation on the part of school teachers and public health officials is extremely important for the well-being of the school child. In order that teachers may be thoroughly familiar with their duties as provided for by law and that they may be of greater assistance to the State Department of Health in its efforts to control communicable diseases and to better the health of the school child, these instructions have been prepared.

In order to comply with the School Code (Section 1505), it becomes your duty to send the reports of the Medical Inspection of all pupils of your school needing medical, dental, ocular, or surgical care to the parents or guardians of such pupils.

The Teachers Follow-up Report, Form 51-B, contains the names of pupils for whom treatment is recommended. Notices relating to the individual pupil are enclosed. These you will kindly seal and hand to the respective pupils with instructions to deliver to their parents or guardians.

Under the heading "Affection" on the Follow-up Report, Form 51-B, are enumerated the defects for which treatment has been recommended. **Form 51-B is to be kept by you throughout your school term**, during which time you will please keep these pupils under careful observation, inquiring whether treatment has been procured to remedy the defects, recording **"Yes" in the proper column or columns for "Medical," "Dental," or "Ocular" treatment**, and under **"Tonsils" or "Adenoids" if they have been removed**. **"CL"** should be entered in the **"Dental" Column for teeth regularly cleansed**, without other dental treatment. If vision was affected and glasses have been fitted, enter **"Glasses" in the "Ocular" column**. If **treatment for a defect is promised**, enter **"Prom."** in the proper column. If a pupil has received no attention whatever for defects reported, write **"None"** in the first or **"Medical" column**, leaving other columns blank.

Under **"Results Noticed"** briefly state whether the pupil is **improved, greatly improved, unimproved, or worse**.

The data required to answer questions 2 to 7 on this report should be obtained from time to time through your recitations on the subject of Hygiene and should include all pupils in your school or grade.

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**NOTE:** The instructions on this page apply only to teachers in Fourth Class School Districts.

Considerable tact must be used to get correct answers and at the same time impress upon the pupils the value of dental care, open windows, and abstinence from the use of all stimulants.

**Ten days before the close of your school term or not later than June 1st,**—should your term extend beyond that date,—**mail the report to the Department of Health** with the required items carefully recorded. Do not fail to return the report even though no pupil has received treatment—stamped return envelope is enclosed for this purpose.

If you have occasion to write to the Department, always mention township or borough and county in which you are teaching.

Additional duties of school teachers may conveniently be divided into those that are imposed upon them by law and those which they should assume in the great work of creating a more perfect environment in which the school child may develop.

## **PUBLIC HEALTH LAWS AFFECTING TEACHERS.**

**1. Reporting Retarded School Children.** Section 1413 of the School Code as amended July 24, 1919, requires that "Teachers shall secure information and report to the medical inspector of the school district on or before the fifteenth of October of each year, every child within said district between the ages of eight (8) and sixteen (16) who is gravely retarded in his or her school work or who because of exceptional physical or mental condition is not being properly educated and trained."

The teacher should prepare a list of retarded children and submit the same to the medical inspector when he visits the school. For the information of subsequent teachers it is best to prepare the list at the end of the school year. When the school reopens it will be a simple matter, even for a new teacher, to formulate an accurate list of the retarded children.

**2. Reporting Symptoms of Disease and Excluding Pupils from School.** Section 9. That every teacher, principal, superintendent, or other person or persons in charge of any public, private, parochial, Sunday, or other school, having in any such school any child or person showing an unusual rash or skin eruption, or complaining of soreness in the throat, or having symptoms of whooping-cough, or any disease of the eye, shall immediately exclude such child or other person from the schools, pending the action of the health authorities, and shall report such fact to the health officer of the city, borough or township, giving the name and residence of such child or other person. Act of July 17, 1919.

**3. Readmission of Pupils to School on Certificate from Health Authorities, Registration of Pupils, Inspection of School Register.** Section 10. No child or other person, excluded from any school by the provisions of this act (Sects. 7 & 8, See Table) shall be readmitted thereto unless he or she, or some person on his or her behalf, shall furnish to the principal, superintendent, or teacher, or other person in charge of said school, a certificate setting forth that the conditions for such readmission prescribed by this act have been complied with;



which certificate shall be signed by a person to be designated for that purpose, in cities, boroughs, and townships of the first class, by the health authorities thereof, exclusively; and in townships of the second class, and cities, boroughs, and townships of the first class, not having boards of health or bodies acting as such, by the State Department of Health; and the registry of all public, private, parochial, Sunday, and other schools shall exhibit the names and residences of all children and persons excluded therefrom or readmitted thereto, agreeably to the provisions of this or any other Act of Assembly; and said register shall be open at all times to the inspection of the city, borough, or township authorities and the State Department of Health, and their respective officers and agents. Act of July 17, 1919.

**4. Penalty for Violations. Section 26. \* \* \* \* \***

\* \* \* \* \* Any physician, undertaker, teacher of a public school, principal of a school, superintendent of a Sunday school, sexton, janitor, parent, or guardian, or any other person or persons, who shall fail, neglect, or refuse to comply with, or who shall violate, any of the provisions of this act, shall, for every such offense, upon conviction thereof in a summary proceeding before any magistrate or justice of the peace of the county wherein said offense was committed, be sentenced to pay a fine of not less than twenty (\$20) dollars or more than one hundred (\$100) dollars, to be paid to the use of said county, and costs of prosecution, or to be imprisoned in the county jail for a period of not less than ten or more than thirty days, or both, at the discretion of the court. Act of July 17, 1919.

**VACCINATION.** The Vaccination Law and the Rules and Regulations of the Department of Health are quoted in full for the information of the inspector.

### **THE VACCINATION LAW.**

Section 12. It shall be the duty of all school directors, superintendents, principals, or other persons in charge of any public, private, parochial or other school, to refuse the admission of any child to any of said schools under their charge or supervision, except upon a certificate signed by a physician, setting forth that such child has been vaccinated and that a subsequent examination reveals a resulting cicatrix indicating successful vaccination, or that vaccination has been performed according to the rules and regulations promulgated by the Commissioner of Health, with the sanction and advice of the Advisory Board of the Department of Health, or that it has previously had smallpox. All certificates of vaccination shall be issued in accordance with the rules and regulations promulgated by the Commissioner of Health with the sanction and advice of the Advisory Board of the Department of Health. Act of June 5th, 1919.

### **THE RULES AND REGULATIONS CONCERNING VACCINATION.**

**"Inspection and Certification.** Eight to fifteen days after vaccination the vaccinating physician shall inspect the site and if a typical vesicle has appeared shall issue a certificate of successful vaccination. Under no other circumstances shall he issue such certificate.

All certificates of successful vaccination shall be in the form prescribed by the Commissioner of Health and shall state that the vaccination site was thus inspected subsequent to vaccination and found to indicate successful vaccination. (Form 75.)

Certificates confirming previous successful vaccination as shown by cicatrix or of previous smallpox as shown by cicatrix, may be issued by legally qualified physicians on forms prescribed by the Commissioner of Health. (Forms 76 and 77.)

The Department of Health will countenance the admission to school of a child during the eight to fifteen day period which must elapse between the time of vaccination and the issuance of a certificate of successful vaccination.

If, at the expiration of this period, the child fails to submit a certificate of successful vaccination, said child must be excluded immediately from school; provided that, if a second vaccination is made at once, the pupil may remain in school until a second period of from eight to fifteen days has expired whereupon exclusion will be enforced unless a certificate of successful vaccination is submitted to the school authorities, or unless a temporary certificate of vaccination is submitted to the school authorities.

**Temporary Certificates** in reference to vaccination shall be issued only by the County Medical Director, his authorized deputy or the medical officer of a borough or city Board of Health, each for his respective community.

**Unsuccessful Vaccinations.** When a school child has been twice unsuccessfully vaccinated within a period of three months he may be admitted to school after being again vaccinated, free of charge, by or in the presence of the County Medical Director, his authorized deputy or the medical officer of a borough or city Board of Health. A temporary certificate (Form 75-A) will be issued by said officer and it may be countersigned by the attending physician. Said certificate will admit the child to school for a period of one year only. If success results from this third vaccination a regular certificate of successful vaccination shall be issued by the officer who issues the temporary certificate, after a typical vesicle or a typical cicatrix has appeared.

**Alleged Physical Unfitness for Vaccination.** When the family physician claims that physical conditions contraindicating vaccination exist in the school child, the County Medical Director, his authorized deputy or the medical officer of a borough or city with an organized Board of Health shall examine the child resident therein and decide whether physical unfitness for vaccination exists. If possible the said family physician shall be present at the examination. If vaccination is deemed inadvisable a temporary certificate conspicuously marked "Good for Current School Year Only" and authorizing the admission of the child to school for this period shall be issued and signed by the said officer. This authorization will admit the child to school for but one year, after which he shall be vaccinated or excluded from school.

**Re-Issuance of Temporary Certificates of Vaccination.** When a temporary certificate of vaccination has become invalid by virtue of the expiration of the current school year, the school child holding



said certificate must again be vaccinated, free of charge, by or in the presence of the County Medical Director, his authorized deputy or the Medical Officer of a Board of Health. Said officer shall then issue a new temporary certificate (Form 75-A) good for the following current school year, only. The certificate may be countersigned by the attending physician.

**Lost Certificate.** The School Medical Examiner or the family physician may issue to any school child who has no certificate of vaccination but who has been successfully vaccinated a certificate upon Form 76, after examination and determination that a clearly defined vaccination scar exists. If sufficient evidence of previous smallpox exists he may similarly certify upon Form 77. Such certificate will be accepted by principals or teachers in lieu of a certificate of vaccination."

**Record of Vaccinations.** A permanent record of vaccination certificates shall be kept, preferably on school card record system or permanent school register, entering thereon the name of the child, date of successful vaccination, and name of the vaccinating physician. This record will thus be at hand for use by succeeding teachers. Certificates of new pupils entering from year to year should be entered on this list.

Blank vaccination certificates, Form 75, and Forms 76 and 77 will be furnished to physicians upon application to the State Department of Health.

## ... THE CONTROL OF COMMUNICABLE DISEASES.

The purpose of the sections of law above quoted is to control the spread of disease in our schools. Whenever we can detect a communicable disease in its early stage and separate the child having this disease from its associates in school and out of school, we are able to prevent the transmission of the disease to others. The secret of success lies in the early detection of such diseases.

The State Department of Health must rely on the teachers of this Commonwealth to pick out those pupils suspected of developing communicable diseases. Where a school nurse or school inspector is in daily attendance such agents will assume this duty, but there are few schools, as yet, in which we find continuous medical service.

Many teachers feel at a loss in aiding the health authorities because of a lack of knowledge concerning communicable diseases. The following facts are tabulated in a way that will make it easy for you to know the signs that usher in the commoner diseases of childhood and to know how these infections are transmitted from the sick to the well.

Disease	Early Signs and Symptoms	Method of Transmitting the Disease	Remarks
Chicken Pox	Often the first sign of this disease is a rash which appears on all parts of the body. The rash consists of small pimples which become filled with fluid. Later crusts develop and the scabs which form drop off in about fourteen days. The rash comes out on different days so that finally one finds pimples, vesicles and crusts on the same skin area.	Probably by the discharges from the skin lesion as well as the secretions from the nose and mouth.	This disease is usually mild in character. It is important because often confused with smallpox.
Cerebro-spinal Meningitis	Usually sudden in onset with high fever, severe headache and stiffness of the neck.	Through the secretions from the nose or mouth of a person sick with the disease or who carries the germs about in his nose or mouth without being sick himself (designated as a carrier).	Many of these cases are due to carriers and this fact makes its control very difficult.
Diphtheria	Onset of the disease is usually gradual—the child complaining of headache, apathy, aching throughout the body, a little chilliness and moderate fever. The most pronounced symptom will be sore throat. In certain cases there will be a bloody discharge from the nose.	Through the secretions from the nose and mouth from a child suffering from the disease or from a carrier of the germs.	This is one of our most dangerous diseases because it is not only likely to kill but may leave serious after effects. When one case of diphtheria occurs in a school room exclude every child who develops a sore throat. Second attacks of the disease frequently occur.
Measles	Begins abruptly with chilliness, fever and cold in the head (running nose, inflamed and watery eyes and sneezing). On the fourth day the rash usually appears—first behind the ears, on the forehead and on the face; it then spreads over the entire body.	Through the secretions from the nose and mouth of persons suffering from the disease or by means of objects which have been soiled by these discharges from the infected person.	A highly contagious disease — frequent serious after effects. Indirectly causes more deaths than either diphtheria or scarlet fever. Most contagious during the three days prior to the rash.
German Measles	The onset is usually mild though abrupt. The rash is often the first sign noted; it consists of small, discrete, rosy red, elevations. Rash may resemble that of measles or Scarlet Fever. Sore throat occurs with frequency.	Through the secretions from the nose and mouth of persons suffering from the disease.	This infection is seldom dangerous. It is important because it may be confused with scarlet fever.
Mumps	Onset characterized by moderate fever, pain at the angle of the jaw and within a day or two marked swelling of the parotid gland, on one or both sides.	Through the secretions from the nose and mouth of the person suffering from the disease.	Highly infectious disease.

Disease	Early Signs and Symptoms	Method of Transmitting the Disease	Remarks
Smallpox	Onset is usually sudden with severe chills, high fever, headache, muscular pains and vomiting. About the third day the rash appears and the discomfort of the patient lessens temporarily.	Through the secretions from the nose, mouth and skin lesions of the patient. These discharges may be carried directly or indirectly.	Very highly infectious. The disease is serious not only because it may cause death but because of the disfigurement which results from it. Successful vaccination protects one from the disease. Universal vaccination means no smallpox.
Scarlet Fever	Onset usually sudden with nausea, vomiting, high fever and sore throat. On the second day the rash appears first on the neck and chest, which consists of a multitude of minute bright red points, set in a diffusely red slightly swollen skin. Some cases have sore throat without the rash.	Through the discharges from the nose and mouth and the discharges which may come from the ears and cervical glands. The scales of the skin may transmit the disease.	A dangerous disease because of the number of deaths it produces and the after effects. When the disease occurs in a school room all children with a sore throat should be excluded.
Poliomyelitis (Infantile Paralysis)	The onset is abrupt with fever, headache and vomiting. Within twenty-four hours paralysis of one or more of the limbs may develop.	Uncertain — probably through discharges from the nose and mouth.	Most highly communicable in the early stages.
Whooping-cough	Begins slowly with cold in the head and cough which gradually becomes more intense and accompanied by the characteristic whoop. Vomiting frequently accompanies paroxysms of whooping.	Through the discharges from the nose and mouth.	The after effects are often severe and cause great general debility. The most infectious period of this disease is in the early stages even before the whoop appears. If a child vomits after coughing it probably has whooping-cough.

When you have made yourself familiar with the early signs of the common communicable diseases you are in a position to be of unusual service to your community. It is an advantage to the community to keep your school open, not only from the pedagogic standpoint, but also from the sanitary standpoint. It is easier to combat and control an epidemic of diphtheria, for instance, if supervision of the children is maintained through the school than if the school be closed and the pupils allowed to go about without the slightest regulation. It is necessary to exclude pupils from school if they show the earliest signs of disease; if these children be permitted to attend school until the disease is well advanced they will have been in contact with many other pupils during the most infectious period of the disease. It is highly important, therefore, that you comply with the law and ex-

clude such children from school as soon as you recognize suspicious symptoms. A pupil who develops a cough, sore throat, running nose, rash, or who looks sick, should have his temperature and pulse taken. The normal temperature is ninety-eight and two-tenths degrees Fahrenheit and the pulse rate, which varies somewhat with age, is, for age seven, between eighty-five and ninety and for age fourteen, between eighty and eighty-five. Children whose temperature rises above ninety-nine and two-tenths degrees and whose pulse rate goes above one hundred should be excluded from school and referred to the family physician. Not only should you exclude the child from school, but you should at once notify the Health Officer of the district that you suspect a communicable disease and he will take the proper steps to have a diagnosis made and if necessary establish quarantine.

The following **TECHNIC FOR THE CONTROL OF COMMUNICABLE DISEASES** in the school, is based on the laws of the Commonwealth, already quoted. This technic presumes that there is neither school physician nor school nurse to supervise and direct the work.

In the typical 4th class school district there are three individuals who share responsibility in controlling communicable diseases, the parent, the teacher and the truant officer. Their respective duties are outlined below:

**I. PARENTS.** No parent or guardian of a school child shall permit said child to go to school who is showing such symptoms of disease as are enumerated below:

1. Rash.
2. Sore Throat.
3. Eyes red and running.
4. Cough.
5. "Running" nose.
6. Acutely swollen glands of neck.
7. Fever.
8. Drowsiness.
9. Fretfulness and irritability.
10. Chills.
11. Vomiting.

(Copies of this technic may be procured, in limited numbers, for distribution to parents. They should be distributed as early in the year as possible.)

## **II. TEACHER.**

1. Make a rapid daily inspection of all pupils for the purpose of discovering illness, as well as neatness and cleanliness.

This inspection should be made immediately after school is assembled.



B. Exclude pupils who show signs of illness such as noted below:

1. Unusual rash or skin eruption.

May indicate presence of  
 Scarlet Fever.  
 Measles.  
 German Measles.  
 Chicken Pox.  
 Smallpox.  
 Ring Worm.  
 Scabies (Itch).  
 Impetigo Contagiosa.

2. Complaining of sore throat.

May indicate presence of  
 Diphtheria.  
 Scarlet Fever.  
 Measles.  
 Tonsillitis.

3. Redness or discharge of the eyes.

May indicate presence of  
 Measles.  
 German Measles.  
 Pink Eye.  
 Trachoma (Granular eye  
 lids).

4. "Running" nose.

May indicate presence of  
 Measles.  
 Diphtheria.  
 Scarlet Fever.  
 Influenza.  
 "Cold."

5. Cough, frequent, spasmodic or with a whoop.

May indicate presence of  
 Whooping Cough.  
 Tuberculosis.  
 Measles.  
 "Cold."

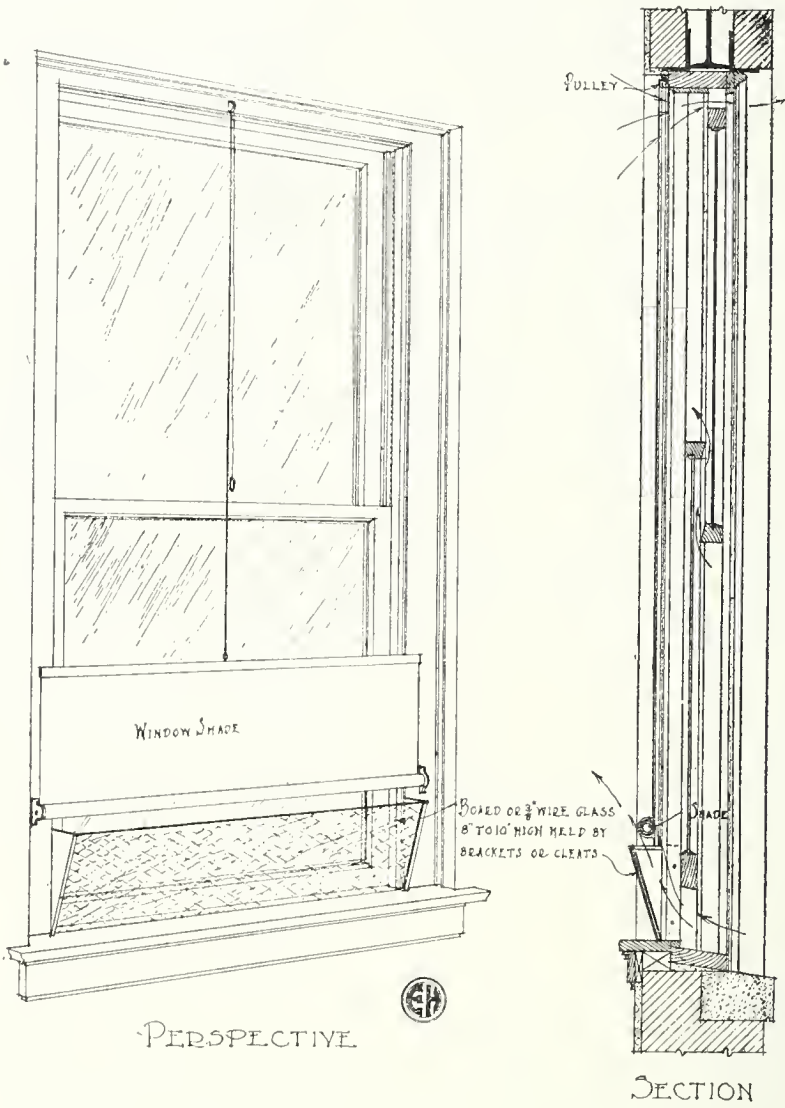
C. Notify the local Health Officer of any exclusion on account of sickness.

D. Re-admit pupils absent because of a communicable disease only upon certificate by the Constituted Health Authority (the Health Officer) setting forth that they are non-infectious.

E. Prevent faults in the operation of the school plant. Such faults lower pupils' resistance to disease.

1. Cleanliness—School room, cloak room, desks, black boards, etc.
2. Ventilation—Make use of windows—Open widely before school assemblies, after each recitation, during every period devoted to physical education and at recess. Make use of window boards at all times. (See diagram).





WINDOW SHADE ATTACHED NEAR SILL, DRAWING UPWARD WITH CORD AND PULLEY AND METHOD OF ATTACHING WINDOW VENTILATOR USING A BOARD OR GLASS SHIELD.

3. Lighting—Window shades to be kept in working order. Keep rolled up unless direct sun light strikes pupils' eyes. (See diagram).
4. Temperature—Keep at 68° Fahr.
5. Distribution of water—Eliminate common drinking cups.

F. Prevent faults in personal hygiene of pupils.

1. Hands and nails—Have ample provision for washing and have them kept clean. Wash before lunch and after going to toilet.
2. Face and hair—Keep clean and well groomed.
3. Pencils, pens, etc.—Individual and keep out of mouth and nose.
4. Coughing and sneezing—Shield nose and mouth with handkerchief or piece of paper.
5. Spitting—Absolutely prohibited in or about school building.

### III. TRUANT OFFICER.

Investigate promptly all cases of absenteeism of three days duration. When sickness is found to be the cause of absenteeism notify the Health Officer so that the proper investigation may be made by the health authorities.

### DUTIES OF TEACHERS THAT SHOULD BE ASSUMED.

**HEALTH EDUCATION.** It is to be hoped that school teachers will have such an appreciation of the role they may play in the whole problem of school health that they will not only carry out these measures which the Acts of Assembly have made obligatory, but that they will also inaugurate additional work which will tend to further safeguard the well-being of the pupils. **There is no phase of our work more important than the teaching of the fundamental principles of health.** In former times the school curriculum was formulated for the sole purpose of developing the mental and moral side of the child; the modern conception has added instruction which is directed towards the physical well-being of the pupil. It is not to be expected that the teachers in our public school system will have a detailed knowledge of the entire subject of hygiene, but it is reasonable to expect them to know and appreciate the simple principles of this science and to expect them to inculcate the same in the minds of the children coming under their direction. A good deal of enthusiasm and much practical knowledge may be imparted if the teacher will adopt some such simple method as the following: Appoint one of the pupils to be Health Officer of the school for a week at a time. The Health Officer is held responsible for the sanitation of the school room—he is instructed to report on cleanliness, ventilation, temperature and light. Such unhygienic conditions as are reported will be corrected by the Health Officer or the Sanitary Committee, should one be appointed. Personal cleanliness is almost sure to accompany environmental cleanliness. The teacher

who succeeds in creating an interest in the cleanliness of the classroom will have little difficulty in spreading knowledge about personal cleanliness. Remember that clean hands and face entitle the pupil to a good rating quite as much as a satisfactory recitation in Geography, etc.

Unless a course in health education is already prescribed, the teacher would do well to institute a course, following some good text book such as the following:

Gulick Hygiene Series, Jewett.  
5 vol. Ginn Co.

Health Series, O'Shea and Kellogg.  
4 vol. Macmillan.

Healthy Living, Winslow.  
2 vol. Merrill.

There are certain organizations such as the Junior Red Cross, Modern Health Crusade and Little Mother's Leagues which have entered the school for the purpose of developing in the children a health conscience and making health knowledge a dynamic force in their lives. All these organizations serve a very useful purpose and their operations should be so coordinated with the course in health education as to supplement and amplify it.

The President of the American Medical Association, Surgeon General Braisted of the United States Navy, in his address before this organization dwelled on the subject of health education in a very sane and telling way. So appropriate are his remarks to our subject that we are quoting a number of paragraphs.

"I submit that the nation's health is a national concern, that it underlies all industrial and business effort; that it is the fundamental element in successful competition with rival nations, whether under the slow and prolonged strain of commercial contests or the sudden and imperious demands of armed conflict; that if we look ahead, as true love of country compels us to do, and estimate the trend of future events, we must acknowledge that physical vigor will, in a large measure, decide our complete development and permanent possession of the land which our forefathers won for us.

"I think that up to the present we have been guilty of a cardinal error in seeking wholly to proselyte the adult; our preaching has been to people enslaved by the chains of lifelong habits. We have advised men with damaged hearts and kidneys and blood vessels to eat and drink and smoke less; to take moderate exercise; to learn to relax and play; to avoid undue excitement so that they might spin out the thread of life by a few years. We have appealed to high school, college and university students to abjure tobacco and alcohol; have held up personal purity as something of supreme importance, given instruction about venereal diseases, instituted courses in personal hygiene that perhaps conveyed to them for the first time in their lives some rudimentary knowledge of their own bodies. In all this we have overlooked two things. The man of middle life cannot make over his depraved body and replace wornout organs. If he stops work he dies for lack of occupation.

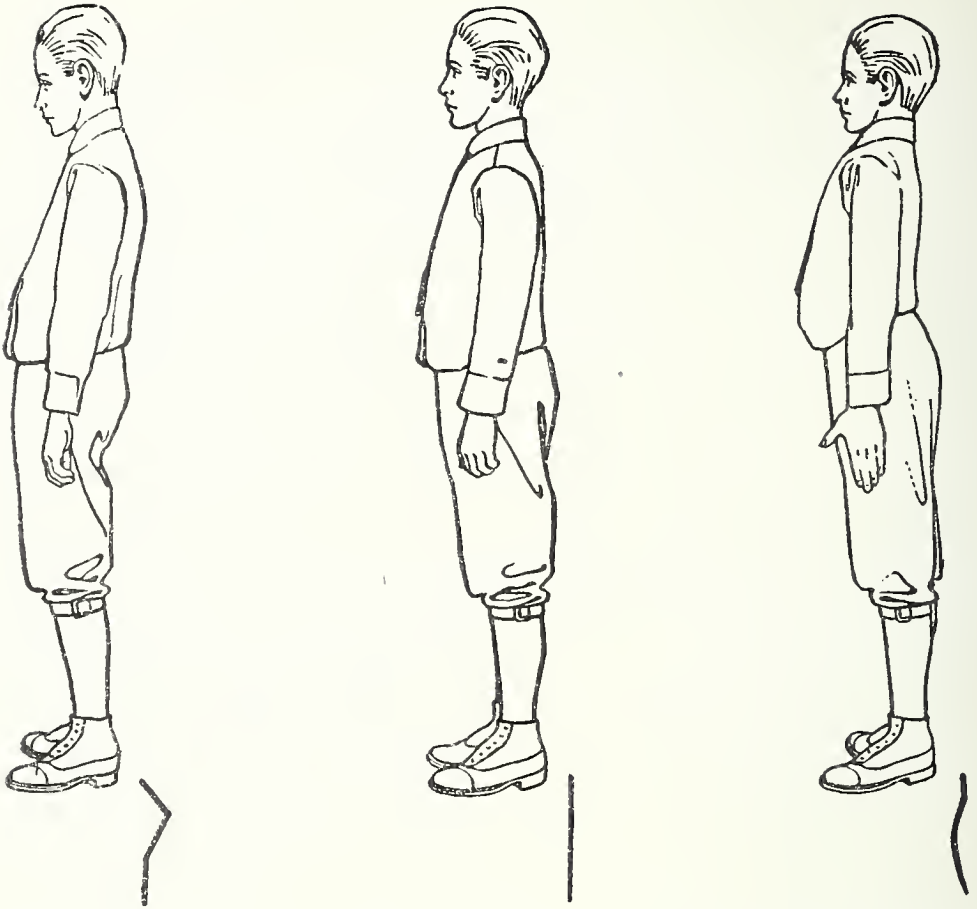
"In the second place, we forget the pitiless logic of youth. The lad or maiden who has for five, ten or fifteen years been goaded to study grammar, mathematics, languages; on whom there has been exerted insistent pressure to acquire mental attainments, cannot easily be persuaded later on that a subject kept in the background or displaced in favor of something else is the one of paramount importance. We cannot expect the young to believe that hygiene, physiology and health are matters of prime importance; that their parents and teachers really esteem them such, when everything else has come ahead of these subjects. The children are right, because we do put first what we esteem to be first. They infallibly consider that health teachers are mere faddists and reformers, and that it is more vital to the gratification of their ambitions and their success in life to know the length of the Amazon and to be able to give the order in which different politicians have occupied the White House than to understand the oxygenation of the blood or the nature of a reflex movement.

"Our primary schools have received not a little attention lately; they are better built and have better lighting and ventilation than in the past. We examine the pupils for enlarged tonsils, bad teeth and granulated lids. We are instituting various commendable reforms, which should be continued and expanded, but they all belong to what might be called an extrinsic method of procedure. We must have something intrinsic and we must get possession of the child himself, affect his inner consciousness, modify his personality and give his life a definite bent, so that he will progressively and increasingly contribute by his own efforts to secure and preserve the health indispensable for the fullest use of the opportunities of high school, college and university."

**EXERCISE.** The physical condition of a school child determines, in no small degree, its mental capability. It is a wanton waste of public money, teacher's time and pupil's health to attempt to cram the minds of those physically incapable. The institution of simple but regular and uniform methods of exercise may be made of incomparable value to the school child. Exercise increases the blood flow, brings an added supply of oxygen and food to the body cells and carries off waste products; thus creating in the tissues more natural conditions. Those exercises which tend to increase the lung capacity, establish and maintain correct posture and cause contraction and expansion of the various muscles of the body will develop the school child's physique. When you carry out exercises of any kind it is preferable to do so in the open air. If this is impracticable, a free circulation of air should be maintained in the room by opening all the windows. A five minute period of recess should be instituted each hour for the purpose of carrying out a few calisthenic exercises.

Because of the difficulty which many teachers encounter in attempting to select exercises, a list is presented below. These exercises have been selected particularly because of their influence upon posture. (See "Posture of School Children," Bancroft-Macmillan Co.)





**Incorrect posture** (weak, slouching or fatigue posture). The neck, trunk and legs form a zigzag line.

**Correct posture** (strong, healthful, beautiful and efficient). The neck, trunk and legs form a straight, vertical line.

**Exaggerated posture** (rigid, ugly, and incorrect). This posture can be held only for a short time with great effort.

### TYPES OF POSTURE.

(From Wall Chart issued by the American Posture League, Inc.)

Before beginning systematic exercise the teacher must know how to judge good posture or erect carriage. The simplest means of measuring posture is by the vertical line test. Hold a window pole at the side of the pupil—if the long axis of the body is a perfectly vertical line and if the long axis of the head and neck is in the same vertical line, good posture may be said to exist. The vertical line tests tell us of the entire body except the shoulders. The shoulder blades should be flat upon the back; if they are drawn outward and forward, the condition of round shoulders results.

At the beginning of each exercise period, the order, Attention! should be given by the teacher, at which command each pupil assumes the erect posture in conformity with the vertical line test. During the course of the various exercises the normal relationship between head, neck, body and legs should be maintained in so far as the exercises will permit.



## Exercise I.

Position: Fingers on shoulders, elbows pointing front. (Keep fingers in same position during entire exercise).

Movement: Lift elbows and describe semicircles at the sides, moving them upward, backward and downward. Then swing elbow directly to the front again.

Execute by count of 1.

Repeat 4 times and increase to 10.

## Exercise II.

Position: Hands on hips (thumbs to the rear).

Movement: 1. Relax head and drop it backward.

2. Lift head upward and draw chin strongly inward (as though making a double chin).

Execute by count of 2.

Repeat—4 to 10 times.

## Exercise III.

Position: Hands on hips holding head firmly in good position.

Movement: 1. Bend trunk forward from the hips not the waist.

2. Rise to erect posture.

Execute by count of 2.

Repeat—4 to 10 times.

## Exercise IV.

Position: Hands on hips holding head and upper part of trunk firmly in correct relation to each other.

Movement: 1. Bend trunk sidewise at waist line. Do not twist shoulders nor shift position of feet. Pause a moment each time in upright position.

Execute by count of 2.

Repeat—4 to 10 times.

## Exercise V.

Position: Hands on hips, erect posture.

Movement: 1. Rise on toes (maintain this position).

2. Bend knees to an acute angle keeping trunk and head erect.

3. Rise to erect position and stretch knees to their utmost.

4. Lower heels to floor.

Execute by count of 4.

Repeat—4 times, gradually increase to 10.

## Exercise VI.

Position: Hands on hips.

Movement: 1. Inspiration—slow and deep.  
2. Expiration—slow and complete.

Execute by count of 2.

Repeat—8 to 10 times after every other exercise.

## RECORD OF PHYSICAL AND MENTAL DEVELOPMENT.

It has been found by experience that a school record which accompanies a child through his school life is of unusual value to subsequent teachers, as well as to principals and superintendents. A physical record of each school child which will also follow the child through his school life, has been shown to be of like importance. Form 92 was devised to meet the needs of teachers who desire to have both the school record and the physical record of each child in a convenient form, capable of meeting the needs of pedagogy as well as health.

At the time of the medical inspector's examination Forms 92 should be in front of the teacher so that the findings of the inspector may be entered on the proper cards. On Form 92 there is a line for each year of the child's school life so that finally this card represents a complete report of his physical development. Not only defects appear on the record but also treatments which have been secured and the results of treatment. It is important for each teacher to have a correct understanding of what has gone before in both the mental and physical side of the child's development and this record fulfills this need. Along the right hand edge of the card, physical record side, there are spaces to list the contagious diseases which the child may have had, or which he develops while at school. Correct information of this kind is invaluable to the Health Officer or teacher in times of a threatened epidemic. For instance, if a case of measles breaks out in your school of forty pupils and you find, by referring to their physical record cards, that thirty of these children have already had measles, your attention may be devoted wholly to the remaining nine who may be susceptible and you will carefully observe these nine children for the early symptoms of the disease in question. The number of ways in which such a card is useful are many; we have mentioned only a few for the purpose of illustration. The Department of Health will supply Forms 92 to all districts of the fourth class which will express a desire to adopt them. When a pupil finally leaves school this Form 92 should be forwarded to the central office of the State Department of Health, to be used for statistical purposes.

**CARE OF THE TEETH.** From the examination of thousands of school children throughout the State and the country at large, it has been found that defects of the teeth are more prevalent than those of any other part of the body. Beginning with the first grade, it is highly desirable to inaugurate tooth brush drills for all the children. The following instructions outline an excellent method for cleaning

the teeth. This method is well adapted for class work and may be carried out in the form of a drill. The purpose of this drill is to teach the children how to remove food from all the surfaces of all the teeth. This is accomplished 1, by brushing, 2, by using floss silk between the teeth. All drills are to be carried out with the dry brush. Use no water and no powder in school.

### BRUSHING.

(a) **Outside surface.** Place the tooth brush inside left cheek and on upper gums, and nearly close the teeth together. Make the brush go backward and downward to lower gums, then slightly forward and upward until it has traveled a complete circle. **This circular motion** should be done rapidly so that the gums will be stimulated and the teeth cleansed of food. Keep up fast circular motion and brush all the teeth on the left side as well as all the front teeth. Do not brush the teeth and gums crosswise.

Now brush the right side with the same circular motion, or reversing the circle if found more convenient. Brush long enough to thoroughly stimulate the gums and cleanse the teeth, going back and forth over all the surfaces several times.

(b) **Inside surfaces** of upper teeth. With the bristles of the brush pointing outward and the end of the thumb on the back of the handle, brush the inside gums and surfaces of the teeth with a fast in-and-out stroke, reaching back on the gums as far as you can go.

(c) **Inside surfaces** of lower teeth and gums. Hold the handle of the tooth brush in your closed hand with the thumb lying across the back of the handle and brush the gums and teeth with an in-and-out stroke, using chiefly the tuft end or toe of the brush. Reach back in the mouth on the gums below the last tooth on both sides and brush with a fast, light, in-and-out stroke. Tip the handle of the brush up in brushing the gums of the lower front teeth.

(d) **Tops of teeth** or grinding surfaces. Lastly, brush the teeth with an in-and-out stroke on the surfaces on which you chew, as the food must be removed from the grooves or fissures of the molars.

### RULES TO REMEMBER.

1. Brush at least twice a day; before breakfast and before going to bed. Use a good dental cream or powder for home use. The teeth must be clean and free from food before going to bed as most of the decay takes place while sleeping.
2. Brush two minutes each time; two minutes by the clock. It takes two minutes of brushing to properly stimulate the gums and thoroughly cleanse the teeth. Be sure to brush the gums.
3. Do not use pressure with the brush. A fast, light stroke is the best. A brush should never be worn out by having its bristles flattened and spread out.

4. Never allow any one to use your brush. Disease germs may be easily carried from one mouth to another, readily causing sickness.
5. Candies, sugar, crackers, cake, pastry, bread, will all decay the teeth if allowed to remain on their surfaces.

**FLOSS SILK.** Four fifths of the decay of teeth takes place on the surfaces on which you chew. There is but one way which is effective in removing the food from between the teeth and that is with a piece of floss silk.

Use a section of floss about twelve inches long. Hold one end between the thumb and first finger of the left hand and wrap the floss twice around the end of the first finger. Do the same with the thumb and first finger of the right hand. Now by using the combination of the ends of the thumbs and second fingers the floss may be carried into the mouth and forced carefully between all the teeth. Rub it back and forth against the surfaces of each tooth to loosen and remove the food and to cleanse these surfaces. After a little practice one can floss all the surfaces between the teeth in a minute's time.

## **GROWTH AND DEVELOPMENT OF THE SCHOOL CHILD.**

The Department of Health wishes to see every pupil in the public schools develop in a normal manner. A monthly record of weights is the surest way to determine this. Each school should be supplied with scales and the teacher or volunteer worker should see to it that all the pupils are regularly weighed and that a record of the weights is made. School districts may furnish scales or they may be obtained through welfare organizations. Weight varies with age and height. The Department of Health will furnish, on request, tables which give the correct weight for each age and height. Pupils will be interested to learn whether they are above, below or of normal weight. Parents will be anxious to know whether their child is undernourished. If he is losing weight or fails to gain weight, he is or soon will be undernourished. Proper food, properly eaten and good health habits are essential to the cure of undernourishment. Interesting pamphlets on "Nutrition" and "Nutrition classes" are published by the Bureau of Education, Department of the Interior, Washington, D. C., by the Child Health Organization, 156 Fifth Avenue, New York, and by the Department of Agricultural Extension, Pennsylvania State College. A request directed to these organizations will bring literature of great value to those who intend to do something to help solve the problem of the malnourished children.

## **PUPIL HEALTH OFFICER.**

In previous sections, mention has been made of the Pupil Health Officer. It is desirable to emphasize the potential possibilities that are in this office. The busy, over-worked teacher must learn to make



# COMMUNICABLE DISEASES REQUIRING EXCLUSION FROM SCHOOL

EXCLUSION FROM SCHOOL (Public, private, parochial, Sunday and other school).					
CONTACTS (Unafflicted children in same household.)	PATIENT	MINIMUM QUARANTINE PERIOD	DISEASE  *Medical Inspectors required to issue morbidity report to Health Officer.	REMOVAL FROM INFECTED PREMISES  Contacts who remove from infected household after a disinfecting bath and putting on disinfected clothing may, under the following conditions, be ADMITTED TO SCHOOL.	
Until lifting of quarantine and thorough disinfection of premises. (Children known to have had whooping cough may be permitted to continue school attendance during quarantine period for whooping cough.)	Until recovery, lifting of quarantine and thorough disinfection of premises.	During Illness.	*Whooping Cough.†	After fourteen (14) days. (a)	
			*Cerebrospinal Meningitis ( <i>epidemic</i> ) ( <i>Cerebrospinal fever, spotted fever</i> ).	After seven (7) days.	
			*Relapsing fever.	After ten (10) days.	
			*Chicken Pox. *Measles.† *German Measles.† *Mumps.	Move to premises occupied only by adults or adults and immune children. Fourteen (14) days later admit to school. If immune by virtue of a former attack may be admitted to school next day.	
			*Diphtheria <i>Diphtheritic and membranous croup, putrid sore throat.</i> †	Move to premises occupied only by adults—antitoxin administered. Admit to school after five days.	
			*Smallpox. ( <i>Varicella, varioloid</i> ).	Not permitted to remove from quarantined premises.	
			*Scarlet Fever ( <i>Scarlatina, scarlet rash</i> ).†	Move to premises occupied only by adults or adults and immune children. Fourteen (14) days later admit to school. If immune may be admitted to school next day.	
Exclusion of unafflicted children in same household not required.	Until recovery or final disinfection.	30 days.	*Anterior Poliomyelitis ( <i>acute</i> ) ( <i>Infantile paralysis</i> ).†	After fourteen (14) days.	
		30 days.	*Typhoid Fever.		
		21 days.	*Tuberculosis of Lungs ( <i>active</i> ) ( <i>See Sec. 1509 School Code</i> ). *Erysipelas.† *Urethritis ( <i>Hook Worm disease</i> ). *Scabies ( <i>itch</i> ).† *Impetigo Contagiosa ( <i>Pustular Inflamm. of skin</i> ).† *Trachoma ( <i>Granular eye lids</i> ).† Acute Conjunctivitis ( <i>Pink eye</i> ).† Tonsillitis.† Ringworm ( <i>Tinea circinata</i> ).† Head Lice. Body Lice. Favus ( <i>Crustaceous skin disease</i> ).† *Lupus ( <i>Tuberculosis of the skin</i> ).†		
		During Illness.			
		Premises not quarantined.			

(a) In case of Whooping Cough children who, by virtue of a former attack, are immune may attend school from quarantined premises.  
 (b) Provided, "That if antitoxin has been used for curative purposes for the patient and for the immunizing of all of the inmates of the premises and two negative bacteriological cultures have been secured from the diseased area of each patient on the premises for two consecutive days, the minimum period of quarantine may be 14 days."  
 (†) Teachers or Principals required to report symptoms of disease. See Sec. 9, Act of July 17, 1919, on p. 4 of this manual.



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use of her pupils by developing self instruction. Not infrequently instruction can be combined with service. This is especially true in health work.

Every pupil should at one time or another be appointed to serve as Pupil Health Officer. The teacher must determine what duties shall be assigned to this officer. As an aid thereto, the following suggestions are made:

1. A weekly report from Pupil Health Officer to teacher.
2. Daily inspection to determine:
  - a—Cleanliness of class-room, floors, walls, desks, seats, etc.
  - b—Cleanliness of cloak-rooms, halls, school yard, etc.
  - c—Cleanliness of the toilets or privy.
  - d—Temperature of room (Read thermometer at least twice a day, same hours daily).
  - e—Whether ways are provided for adding water vapor to the air and if so, how much water per pupil is evaporated daily.
  - f—How many times have the windows been thrown widely open and the school thoroughly aired.

Teachers should feel free to discuss with the Department of Health, difficult problems that arise in school health.

#### REFERENCE BOOKS FOR TEACHERS.

Games for the Playground, Home, School and Gymnasium. Jessie H. Bancroft. Macmillan Co.

Health Education in Rural Schools. J. M. Andress. Houghton Mifflin Co.

How to Live. Fisher & Fisher. Funk & Wagnalls.

The Hygiene of the School Child. L. M. Terman. Houghton Mifflin Co.

The Posture of School Children. Jessie H. Bancroft. Macmillan Co.

Preventable Diseases. Woods Hutchinson. Houghton Mifflin Co.

School Hygiene. F. B. Dresslar. Macmillan Co.

The Teacher's Health. L. M. Terman. Houghton Mifflin Co.











